

AMERICAN MEDICAL TIMES

Being a Weekly Series of the New York Journal of Medicine.

No. XXII. }
VOL. IV. } NEW SERIES.

NEW YORK: SATURDAY, MAY 31, 1862.

{ Mail Subscribers, \$3 per Ann.
{ City and Canadian, 3 50 "
{ Single Numbers, 10 cents.

	Page		Page		Page
ORIGINAL LECTURE.		EDITORIAL ARTICLES.		Compliment to a Volunteer Surgeon.	312
Course of Lectures on Dentition and its Derangements. Delivered at the N. Y. Med. Col. and Charity Hosp. in the Preliminary Course, Session 1860-1. By A. Jacobi, M.D., etc. Lecture VIII.—Part III.	299	The Claims of the Sanitary Commission.	303		
ORIGINAL COMMUNICATIONS.		New Appointments at the "Faculty of Medicine," of Paris.	303	MEDICAL NEWS.	
Surgical Service of the Navy in Times of War. Translated from the French of Jules Rochard, M.D.	300	THE WEEK:		Sir Benjamin Brodie.	312
Double Morbus Coxarius. Extensive Ulceration of Bone without Crepitus or marked general or local symptoms. Being the History of a Specimen presented to the N. Y. Pathological Society, at its Meeting, Nov. 27, 1861. By E. Krackowizer, M.D., of New York.	301	Cooper's Dictionary of Surgery.	309	The North Eastern Dispensary.	312
REPORTS OF HOSPITALS.		North Eastern Dispensary.	310	Murder by a Lunatic.	312
NEW YORK STATE VOLUNTEER HOSPITAL:		Library of the late J. W. Francis.	310	The Sex of Eggs.	312
Success of the Tonic and Stimulating Plan of Treatment. 303		CASES OF VAGINISMUS, with the Method of Treatment. By J. Marion Sims, M.D.	310	Medical Department of the University of the Pacific.	312
REPORTS OF SOCIETIES.		CORRESPONDENCE.		METEOROLOGY AND NECROLOGY OF THE WEEK IN THE CITY AND COUNTY OF NEW YORK.	
NEW YORK PATHOLOGICAL SOCIETY.		Health of the Army of the Mississippi.	311	MEDICAL DIARY OF THE WEEK.	
Stated Meeting, March 26, and April 9, 1862. Dr. T. C. Finell, President, in the Chair. 304				SPECIAL NOTICES.	
PROGRESS OF MEDICAL SCIENCE.					
Prepared by E. H. Jones, M.D. 306					

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NEW YORK, May 1, 1861.

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COURSE OF LECTURES

ON

DENTITION AND ITS DERANGEMENTS.

DELIVERED AT THE

NEW YORK MEDICAL COLLEGE AND CHARITY HOSPITAL
IN THE PRELIMINARY COURSE.

SESSION 1860-61.

By A. JACOBI, M.D.,

PROF. OF INFANTILE PATHOLOGY AND THERAPEUTICS.

LECTURE VIII.—PART III.

Urinary and Sexual Organs; Catarrh of Bladder; Incontinence of Urine; Ischuria; Balano-posthitis; Catarrh of the Vagina.

THE urinary and sexual organs have also been said to suffer from the consequences of dentition. There are particularly three affections connected with pathological conditions of the bladder, which, in our text-books, are frequently attributed to this physiological process, viz. catarrh of the bladder, incontinence of urine, and ischuria.

Catarrh of the bladder is by no means so rare a disease in early age, as many of our authors maintain. Traumatic injuries, the presence of calculi, abuse of cantharides, and preceding diseases, such as typhoid fever, cholera, and variola, are admitted to rank amongst its causes. All those cases, however, which do not come under these heads, have very frequently been attributed to dentition, as the always ready scapegoat of a deficient diagnosis. Now, Civiale, one of the best authorities on the diseases of the urinary organs, has directed the attention of the profession to the fact, that the muscular layers of the infantile bladder are less active than in advanced age; that the inert condition of the organ will, therefore, give frequent rise to retention of urine, and that carbonate of ammonia will, consequently, be formed in the bladder, giving rise to irritation and injection of the mucous membrane and its symptoms, viz. pain in the region of the bladder, through perineum and urethra, and the frequent and scanty emission of a dark-colored, or mucous, or bloody urine; symptoms which are sometimes even complicated with dilatation of the bladder, fever, symptoms of typhoid fever or peritonitis, emaciation, sopor, vomiting, and collapse.

The cases explained by the physiological condition of many an infantile bladder, as shown by Civiale, are by no means rare or simple. They are usually not attended with the same danger as those depending on traumatic injuries or the presence of irregularly shaped calculi; but they generally last longer than such as are produced by cantharides, and frequently prove at least as obstinate as those occurring in the convalescence from typhoid fever, cholera, or variola. Nor is the treatment always successful in a short time, or permanent, for the condition of the muscular layers cannot so readily be changed as the momentary anatomical lesion depending upon it. In the majority of cases, however, the administration of alkalies, particularly bicarbonate of soda, or in very chronic cases gallic or tannic acid, uva ursi, or buchu, will suffice to restore both the normal condition of the mucous membrane, and the normal emission of the urine.

By incontinence of urine I do not mean complete paralysis of the bladder involving both the expelling muscular layers and the sphincter. This latter affection results from a central cause, giving rise to constant dribbling of urine, both day and night. Now, by this symptom, it will be easily diagnosticated from the affection in question, which, indeed, compels children to urinate frequently during the day, but is best recognised by their wetting their beds while asleep. It is more frequently observed in males than females, sometimes up to the tenth or twelfth year. I know, indeed, cases that have lasted up to adult age.

AM. MED. TIMES, VOL. IV., No. 22.

Such cases prove, without further remarks, that they need not be, and generally are not, the results of bad habits; not to speak of the fact that many such cases of incontinence of urine, or enuresis, occur in children affected with manifest symptoms of scrofula, or rachitis, without the presence of any change of the chemical composition of the secretion. As a general rule the cause of an individual case—and the etiology of the disease which interests us most here in the attempt of rightly estimating the assumed influence of dentition—must be sought for in one of the following circumstances: either sleep is too sound, and here lies the explanation of the fact that very often children will wet their beds in the first part of the night; or the perceptive power of the bladder is too little; or its sensibility is too great in proportion to the soundness of the sleep, the sensitive nerves influencing the motory ones by reflex action. The latter cause appears to be very frequent; if nothing else were going to prove this assertion, it would be upheld by the speedy success obtained in the vast majority of cases, by the internal administration of belladonna. A quarter or a third of a grain of the alcoholic extract of belladonna, given at bedtime, or two or three times a day, will cure almost every case of incontinence of urine (and, as I have found, of fæces), without affecting the pupils which in the adult are the first organs influenced by this medicament, but are rarely so in children. It may be necessary to give the remedy for a week or two, in sufficient doses, but I have seen a number of cases of long duration which were speedily relieved and permanently cured by a few doses. Other cases, according to their etiology, would require the use of nux vomica, or the constitutional treatment appropriate to scrofula, rachitis, or anaemia.

Ischuria, or retention of urine, is not unfrequently seen in infantile age, although dangerous cases are rare. The patients are generally such as suffer also from flatulence and colics; the symptoms attending ischuria, and those observed in flatulence, as pain, screaming, violent adduction of the thigh to the abdomen, being very similar to each other. Percussion of the vesical region, however, will frequently yield a correct diagnosis. The causes are very various, from malformations of the urinary organs, or permanent foetal condition of the kidneys, down to the presence of vesical calculi; spasm of the bladder, and diarrhoea; or reflex action depending on constipation, meningitis, the presence of worms in the intestinal canal, and they say dentition.

Catarrhal affections of the sexual organs have also been attributed to dentition—balano-posthitis, the hyperæmia, erosions, and the over-secretion of the surface of the glans penis, which usually is the result of uncleanness only. The fatty secretion of the inner surface of the prepuce requires, especially where it is narrow, covering the whole of the glans, constant attention, its frequent removal being the only preventive against decomposition and its local consequences. Masturbation, either a bad habit contracted by the manipulations of injudicious nurses, or in consequence of worms irritating the mucous membrane of the intestinal canal, are often among its proximate causes.

Catarrh of the vagina, rarely complicated with catarrh of the urethra, is even of more frequent occurrence than balano-posthitis; the complication alluded to being sometimes the effect of gonorrhoeal infection. The superstition of gonorrhoea being removed by the contact with an intact hymen has not yet entirely died out. Want of cleanliness, the presence of foreign bodies, peas or beans, or oxyurides vermiculares emigrating from the rectum into the vagina, moist dwellings, liability to catarrhal affections in general, anaemia, and scrofulous or tubercular disposition, are very frequently recognised as the direct causes of the affection; so regularly, indeed, is there a distinct cause to be found that, up to this time, I have not been compelled to resort to dentition as the mysterious source of this evil. Nor is there any reason for the belief that there is a connexion between it and the above-mentioned affections.

Original Communications.

SURGICAL SERVICE OF THE NAVY IN TIMES OF WAR.

TRANSLATED FROM THE FRENCH OF

DR. JULES ROCHARD,

SURGEON IN CHIEF OF THE FRENCH NAVY.

(Continued from page 289.)

AMPUTATIONS.

THERE remains a last part of surgery to be mentioned, namely, Amputations, which occur as frequently on board ship as on land.

They can be subdivided into three classes:—

1st. After a complete, or nearly so, carrying away of a limb by a large shot.

2d. In complicated fractures caused by pieces of shells, or splinters of wood or iron.

3d. In gunshot wounds, accompanied by fractures and ruptures of the arteries, caused by musket or rifle balls.

In the first case no hesitation can be allowed. Amputation should be performed immediately; that is, as soon as the stupor has been dissipated, or in any case within twenty-four hours of the accident.

It is not so easy to determine in relation to complicated fractures and gunshot wounds. The difference between these two descriptions of wounds is important. The apparent gravity of the first contrasts with the apparent harmlessness of the second. Fractures produced by the blow of a large body are like those which are ordinarily seen in hospitals. They are accompanied by much swelling, a rapid loss of blood, and considerable *ecchymosis*. The wounds having a large surface give them the appearance of being more dangerous than they really are. In gunshot wounds, on the contrary, the results are hidden; the broken bones and severed articulations are not seen; there is no remarkable change in the appearance of the limb. Two small openings, slight bleeding, and but little pain, do not seem to endanger the life of the patient, and hardly to call for the necessity of amputation. It requires the whole weight of the conviction given to us by experience to force us to attend to the latter cases in preference to the others.

As a general rule, complicated fractures seldom call for the sacrifice of the limb. In marine arsenals, where the larger part of the work requires the employment of many men when enormous masses are being continually moved, these accidents form the larger part of the hospital duties. Experience has taught us to rely upon the strength of nature and the efficacy of continued irrigation. To necessitate amputation, the destruction of the skin, the *abrasion* of the muscles, the crushing of the bones must be extreme, and they must be accompanied by the wounding of the principal blood-vessels. Such wounds will, without doubt, take a long time to cure. For instance, in fractures of the leg it will often be six months and even more before the patient can walk; and even then when he leaves the hospital, in looking at the deformed limb, which swells and changes color after being for a few hours in a vertical position, we ask ourselves if we have done a real service to the patient, and whether it would not have been preferable to have saved him so much suffering, and have amputated at once. Months, and often years, are necessary to judge of the results. We can then see unlooked-for transformation. The bony soldering has diminished in size, the muscles have regained their shape and strength; the articulations, stiffened by a long disease, have recovered by exercise their movements. The limb cannot be recognised, the patient has forgotten his suffering, and the surgeon congratulates himself on his forbearance. To sum up, when the wounded can be properly attended to, *abstinence* should be the rule, and amputation the exception in cases of complicated fractures.

The same rule does not hold good in gunshot wounds. When a ball strikes a long bone it splits as well as breaks it. A large number of pointed splinters enter the flesh and produce interminable abscesses and suppuration. Often the unseen cracks extend to the neighboring articulations, full access is given to the air, and often pieces of clothing and the ball remain in the wound. These disorders are always more extensive than an external examination would lead us to suppose. Surgeons appearing for the first time in the field are often led into a fatal sense of security. Those who have had much experience insist on the seriousness of these wounds, and of the necessity of immediate amputation in most cases. Such was the practice of the leading surgeons in the wars of the Consulate and the Empire. When a long peace had made us forget the precepts of experience, the hospital surgeons denounced this as *wholesale surgery*. The contrary doctrines took root little by little in the schools, and when war was recommenced, surgeons went into the field with the conservative ideas which they had adopted in their studies. But facts soon modified their views, and we see them nowadays bow before the necessity of active measures, and come back in great part to the practice of their predecessors. The reaction is not complete, and amputations are performed less often than they were. Conservative surgery has taken a large part in the wars of the East and of Italy, and the distinguished surgeons who followed our armies only protest against its exaggerations.

The wounds of the upper limbs rarely call for amputation; it can be dispensed with in cases which seem to require it, if the surgeon has the hardihood to enlarge the wounds, to remove all splinters, and to resect the broken ends of bones or fractured joints. It is needless to mention the use to which a limb can be put even if shortened and deformed. A mutilated hand, consisting only of the thumb and little finger, can be of more service than the most ingeniously contrived artificial hand. This rule does not hold with respect to the lower limbs. The bones being larger, the muscles stronger, and the elements of vitality less, wounds to them are more serious, and their form, length, and solidity must be retained, so that they may perform their functions. It is on this point that definite rules should be recognised, and on no other point is there more variance.

Larrey, Rebecq, and Baudens, insist that all fractures of the thigh should be amputated. Sedillot, Scrive, Guyon, and Legonest, are opposed to immediate amputation. M. Legonest cites twenty-four cases of the upper third of the thigh cured without amputation; M. Roux cites twenty-one from the army of Italy under his care at the Hospital of Saint Mandrier. It is pretty well decided that the wounded can survive these accidents, but are nearly sure to succumb to the operation.

However, these are the opinions of military surgeons only. They cannot be considered as final with the naval surgeons, as the circumstances are different. With the first the number of the wounded often surpasses all the means of properly attending to them, at their disposal; whereas the naval surgeon is always abundantly supplied with all requisites. The army surgeon is often called on to perform operations which could be avoided under more favorable circumstances, such as are to be met with on board ship. We are therefore enabled to practise conservative surgery more than our confrères are, and are allowed to infringe on some of their principles.

In the foregoing we have supposed that the vessel was in good condition after the fight, and that the weather was favorable. If it were stormy, and the necessity of closing the portholes prevented the ventilation of a deck crowded with wounded, dampness, want of light, and the vitiation of the air would soon develop the most grievous complications, and compromise the success of the best of treatment. This is what happened in the Crimea in 1854-5, and which will happen wherever the wounded have to suffer being crowded together, in

dampness and cold. Want of space is the principal difficulty which naval hygiene has to overcome, and though great when caused by sickness the danger is much augmented when the patients are wounded. To the ordinary effect of the vitiation of the air, are added the emanations which arise from abundant suppurations from large wounds, often tainted with gangrene. On shore, notwithstanding all the resources of ventilation, the wards of the hospitals are not entirely free from danger of purulent infection, and cases are even occasionally seen of *pourriture d'hôpital*. Then, terrible dangers are more likely to happen on board ship, to which may also be added ship fever. They are liable to break out at any moment. During the short passage from the Crimea to Constantinople several of the ships were affected, and cases can be found by looking further back, in which they were developed in a still shorter space of time. The fear of these scourges should always be before the surgeon's eyes, and everything should be done to prevent them.

When the weather precludes the possibility of opening the port-holes, wind-sails should be rigged at all the hatches that can be used for this purpose, braziers should be lighted at the end of the room, and pans filled with chloride of lime, slightly wet, should be placed under the beds of these patients whose wounds are most offensive. The utmost importance must be attached to a rigorous cleanliness, which must be done without having recourse to much washing. Cloths should be spread on the deck during the dressings and during meals. Lint, which has been used, small pieces of rags, etc., should be immediately thrown overboard; bandages should be placed in salt water and carried away, to be washed afterwards in fresh water. The pails used for irrigation should be often emptied and cleaned; and if the wounded are on board for any length of time, the partitions and ceilings should be whitewashed occasionally.

Whatever may be done, the re-union of a large number of wounded cannot but be attended with danger. They must be removed as soon as possible. When the urgent operations have been performed, the end of the hospital which has been reserved for this purpose can be placed at the disposal of the worst cases. Those who can leave their beds should not be allowed in the lower battery during the day-time; they should be on deck if the weather is fine, or in the upper battery where their presence would not interfere with the crew. If necessary, those who cannot yet walk, should be carried there. Exposure to the air, the vivifying effect of the sun, and the sight of their comrades, will produce the happiest effect on their moral and physical state, and their absence from the hospital be a great advantage to those left there.

The diet of the wounded should be the object of special attention. The resources are rather limited, but, except after a long cruise, the provisions will not have had time to spoil, and a full stock of refreshments will be on hand. As the conditions of the wounded after a fight are peculiarly debilitating, a substantial and reparative regimen is the best means of preventing the diseases to which they are liable. In France the wounded are not sufficiently kept up. The English do not follow this course, and are the better for it. The surgeon must bear in mind that his patients are robust men, accustomed to substantial rations, and that when wounded they should be well fed, and should be allowed to eat as much as they want, as soon as the traumatic dangers are passed. Usually, not enough is known of the necessity of repairing the constitution after it has been reduced by severe lesions. It is not necessary to add, that all the ordinary rules of hygiene should be strictly attended to, and that the wounded should be sent on shore at the earliest possible moment.

JAPANESE MEN OF SCIENCE.—The scientific men attached to the mission visited the Military Hospital of the Val-de-Grâce and the Ecole de Médecine, and were much delighted and edified.

DOUBLE MORBUS COXARIUS.

EXTENSIVE ULCERATION OF BONE, WITHOUT CREPITUS OR MARKED GENERAL OR LOCAL SYMPTOMS.

BEING THE HISTORY OF A SPECIMEN PRESENTED TO THE N. Y. PATHOLOGICAL SOCIETY, AT ITS MEETING, NOV. 27, 1861.

By E. KRACKOWIZER, M.D.,

OF NEW YORK.

STEWART GILMORE, 5 years and 3 or 4 months old, had always been a delicate child—pale, thin, very nervous, never a hearty eater, his teeth decaying as fast as they appeared. About fifteen months before he died his parents noticed something singular in his walk, and attributing it to bad habit, administered frequent admonitions. They are not able now to remember fully in what consisted its peculiarity; all they say is, that he walked with a halt, and when he had occasion to stoop for anything, he would not bend over, but go down first on his right knee, thereby enabling himself to reach objects on the floor. Soon he commenced to complain about pain in the right knee. The family physician thought first it was rheumatism, then again "growing pains." After a while he pronounced it hip-disease. As for systematic treatment, it seems neither to have been sought nor to have been applied, the trouble referred to remaining about stationary. Yet it told on the general condition of the child so far, that he grew thinner and had less appetite. His sleep seems to have been satisfactory; at least the parents do not remember that he gave that characteristic shriek, common in inflammations of the larger joints, very often.

After this condition of things had lasted about nine months, some time in the beginning of February, 1861, on a Sunday his mother took him to church. He seemed to complain more, and to walk with more difficulty on his way home. Tired he lay down beside the stove, and after getting out of his nap he used the right leg no more. For the next three months all his locomotion was performed with the left leg, the right one barely touching the ground for a moment, while he would keep his balance at the same time by taking hold with the hands of surrounding objects, or pushing his hands against the walls.

During the month of May he lost the use of his left leg also. It is somewhat doubtful, whether the trouble on the left side commenced suddenly or by degrees. I will state here what I could gather from the narrative of the mother in this respect. Some time in the latter part of April, following the advice of the family physician, the child was brought to the Clinique of the College of Physicians and Surgeons for three subsequent Mondays. The mother remembered that Dr. Markoe had remarked on the last Monday that there was double hip-complaint, and advised her to put the patient under Dr. Davis's treatment.

On the subsequent Monday Dr. D. examined the boy, pronouncing the disease hip-complaint of the right side. He bade the mother return next Thursday, when he would apply his apparatus. But already on Wednesday the mother found, to use her words, "in the morning his left leg as stiff as the right one." She sent for her physician to learn what she ought to do. He told her it was useless now to get the apparatus, and nothing could be done.

Nothing was done accordingly for a couple of weeks, when the boy was presented at the German Dispensary, 132 Canal st., June 18, 1861. After he was divested of his dressing it was found that there was an utter impossibility either to stand or to walk, as both legs were kept constantly flexed in the hips as well as in the knees at about a right angle. If the boy were well held under the shoulders, and so let down on his feet, he would exhibit the utmost trepidation, and when in this situation the support was seemingly taken away from him, he would rather let the heels glide away from the floor as an instinctive preparation to come down on his buttocks, than permit a further flexion in the knee or hip-joints.

When put on his back the existence of coxitis of the right side in the second stage was very evident. There was no absolute rigidity of the joint, passive motions to a small extent not being transmitted to the pelvis; but any wider excursions imparted to the extremity, mainly abduction and extension, were immediately answered by corresponding motions in the lumbar part of the spine. These motions caused pain. On the left side the extent of articular motion produced by passive motion was considerable, and it was not so clear whether the extreme nervousness of the child was not the cause why they might not have been carried to a normal degree. But repeated examinations at different times when the attention of the patient was called away settled the doubt in favor of inflammation in the left hip-joint too. There was no swelling around the joint, and under the influence of chloroform passive motions elicited no crepitus. The pelvis was somewhat oblique in two aspects, the ant. sup. spine of the right ilium being higher and somewhat further back than the one of the left side. To bring both spine to the same level it was necessary to increase the flexion and adduction of the right thigh by carrying it under an angle of near 40° over the left one.

On June 25th extension was made use of by means of adhesive-plaster straps and weights attached to cords running over pulleys fixed at the footboard of the bedstead. Under this treatment the general condition of the child improved very rapidly, as also the local improvement became apparent. His sleep became good, the hectic fever and night-sweats ceased, his appetite returned, and he was in excellent spirits. With the weights on his legs it was his delight to pull them towards him vigorously and let them go again, and during these motions the pelvis participated very little. The weights removed, the active motions and to a lesser degree the passive ones gave pain. After he had been about four weeks under this treatment a swelling commenced behind and superior to the left trochanter, which was plainly fluctuating, and on the twelfth of August had acquired about the size of a lemon. Chloroform was administered, and by puncture with a trocar one ounce and five drachms of a liquid was drawn off, consisting partly of a glairy substance, partly of dirty pus with shreds of coagulated lymph, not very intimately mixed, but all these constituents issuing pretty separately through the canula. Passive motions gave a very distinct bony crepitus, leaving no doubt of ulceration of the joint and perforation of the capsule. The wound was closed with adhesive plaster, and healed by first intention, no reaction, general or local, setting in. The child was then going on as well as ever. Swelling formed again, only a little slower, and puncture was repeated on September 14th. One ounce of unhealthy pus was withdrawn. Crepitus the same. Effect the same.

I must state here that both these times, when the patient was under chloroform, the right joint was examined with care, with a view to detect crepitus. None was found, either by me, or by Drs. L. A. Voss and A. Jacobi, who were present.

It may surprise some of the surgeons why I confined myself to puncturing the abscess, and not laying it open widely with the knife. My reason was this:—From the general improvement of the patient, the absence of pain by pressure, the fair degree of active motion while extension was kept up by the weight, I was led to suppose that the ulcerative destruction in the joint was not very extensive. I thought that by continuing the treatment then commenced, and giving so fine results, that a healthy reparative process might spring up in the joint, while I had no misgivings but that under such circumstances the secondary abscess would, by repeated puncture and injections either of a solution of corrosive sublimate or of iodine, be obliterated. Besides, cutting the abscess open would have interfered with the application of the counter-extending strap of Davis's apparatus, which

I thought the time had come to apply. At any rate the indication to cut into the abscess did not seem to me to be so very urgent.

I applied Dr. Davis's splint on both sides September 28th. The boy was delighted with being enabled to be around, and out of bed in day-time. He enjoyed the scenes on the street by leaning out of the window, and supporting himself to a certain degree with his feet. When well-steadied by being held under the shoulders he made steps through the room, although in this proceeding the motions were mainly performed in the spine; at least I could not satisfy myself that there was any motion in the joints.

Having satisfied myself that the parents understood perfectly the management of the apparatus I did not see the boy so often. I paid him a visit October 15th. That day he went to bed as well as ever. He awoke about 10 p.m. with a loud scream, and being frantic, could hardly be pacified. He passed a very restless night. On October 16th he asked to have his splints on and be dressed. He vomited up his breakfast, was very irritable and acted strangely. There was no marked change in his condition during the three following days. There was an occasional emesis, a passage from the bowels every day, and sometimes the water would be passed involuntarily.

October 22d.—I called as usual after the expiration of one week, not being informed of the change that had come over the patient, and found him in bed, this being the first day since his recent sickness when he was unable to rise at all. He had a silly expression of countenance. Head somewhat hotter. Pupils dilated—contracted under stimulus of light, but immediately dilated again. A little strabismus, alternating, but more with the left eye. Mind very dull, answers very slow and short, but correct.—Pulse 140, small, regular. Bed wet with urine passing involuntarily. Hands constantly pulling the genital organs. Had had no passage for three days. Action of the muscles of the upper extremities unsteady, tremulous, without plan, spastic contraction of the flexors during quiet slightly prevalent. Oct. 23d.—Was not conscious, same symptoms, muscular tremor more marked. Continued so, the main symptoms not varying till October 31st, when he died, growing weaker and weaker.

Never had general convulsions, nor paralysis. Urinary secretion very free. Pulse was only for two days (Oct. 25th and 26th) slightly irregular. Four days before he died he was conscious, sometimes for longer intervals, understanding and answering questions of the plainest sort, about food and drink, correctly, with a thick gurgling voice.

Post-mortem examination, Nov. 1st, thirty hours after death.—Calvaria and dura mater normal. No serum in the arachnoid sac; pia mater moderately vascular; gyri cerebri not flattened. On the top of both hemispheres, and more so on their minor surfaces, the pia mater was studded with a great number of tubercles, solitary and in groups, either free or imbedded in layers of yellow coagulated lymph, exuded under the arachnoidea, along the course of the veins of the pia mater. Tubercles scarce on the base of the brain, and still more so at the commencement of the fossa Sylvii. Substance of the brain healthy. Lateral ventricles not dilated, not more than the usual quantity of serum. Endyma normal, no softening of the adjacent brain-structure.

The pelvis with upper part of the thighbones was removed entire from behind, without opening the peritoneum. The gluteus medius and maximus of the left side were lifted up and protruding from pus accumulated beneath them. On cutting their fibres parallel with the crest of the ilium, a large abscess was found between the gluteus medius and minimus, reaching backwards to the incisura ischiadica major, and forwards and downwards to the anterior aspect of the thigh, the matter burrowing between the tensor fasciæ and sartorius muscles and the head of the rectus femoris. The walls of the abscess were partly vascular with deposits of coagulated lymph firmly adherent;

partly they were constituted by the interstices of the muscles, which the burrowing matter had dissected.

On the anterior border of the gluteus minimus muscle, where it crosses the origin of the rectus femoris from the spina ilei anterior inferior, there was an opening, exteriorly bordered by a sharp, falciform spur of the fascia of the gluteus minimus. This sort of slit was blocked up by a shred of dirty-yellowish grey lymph. On this being withdrawn, and the probe inserted, it struck the bare bone in the direction of the joint. The capsular ligament being divided parallel with the rim of the acetabulum, and thick, dirty, crumous pus being wiped away, the joint was discovered extensively destroyed. The synovial membrane was mostly gone, or transformed into a pulpy substance, easily scraped off with the back of the knife. The ligamentum teres mostly destroyed, but still with some separated filaments connecting the head with the acetabulum.

The head of the femur was mostly denuded of its cartilage, of which here and there were a few detached patches adhering loosely to the bone. The head had altered its spherical shape to a conoid one. Its spongy substance was bare, vascular, and soft. There was the same destruction on the acetabulum, the floor of which had been eaten away by ulceration, so that a probe dipping in its ragged bottom struck immediately on the exterior surface of the pelvic fascia. The same condition of things, although not so far advanced, could be observed in the right joint. The capsular ligament in this was ulcerated in front, and the matter had commenced burrowing in the direction of the tendon of the ileo psoas-muscle. The ligamentum teres completely gone. The floor of the acetabulum deeply ulcerated, on one point very near its perforation. The cavity of the joint, besides pus, contained a quantity of coagulated lymph, which, spread somewhat in the shape of a membranous layer, intervened between the head and the acetabulum. The bony destruction mostly marked on the upper and outer circumference of the acetabulum.

Now this case is certainly very instructive for practical surgeons. Ulceration of the bones composing the left coxal articulation was known to exist. On the right side it was not detected at the last examination.—September 14, six weeks before death. I suppose that this jelly-like mass, intervening between the bones composing the joint, although they were bared of their cartilages, prevented the friction of their rough surfaces.

If, then, it is not the fault of the examination—and I think I used all proper circumspection, expecting to get this symptom; and Drs. Voss and Jacobi used equal care, and did not find it—the lesson conveyed would be *that there may be extensive ulceration of bone in the joint, and yet no crepitus.*

I will add here, that although the destruction is far greater on the left side, the crepitus was not very harsh, and the head of the bone, while rotating, had to be pushed firmly into the acetabulum to get it at all times.

Additional information which I get by this case, is this: *There may be very great destruction in the joint, and yet the local as well as the general symptoms may be very mild.*

You remember all I have said about the rapid improvement in the general condition of the patient, by the treatment adopted, the absence of pain, the ability of active articular motion while extension was kept up by the weights, the possibility to support the body to a very limited extent while Davis's splints were on, and how I was misled by all that to imagine the disease not at all of such a grave character, as the specimen in fact reveals it to have been.

Now I would ask any surgeon of ordinary experience and judgment, whether in looking at this condition of things he supposes it possible that the progress of the disease could have been arrested; and whether there can be a doubt in anybody's mind, if the actual state of affairs had been known, it would not have been imperative to cut down on the joint, and remove all such obstacles as interfere with the free discharge of matter and keep up a constant irritation—in one word, to resort to resection of the joint?

Many surgeons who do adopt this operation, do not consider the existence of bony crepitation or suppuration as fully establishing the indication to make it, when the general condition of the patient is still good, and I belonged to that class. This case teaches, how well the constitution may bear up against the local mischief, and yet the articular destruction be so great as to be almost beyond surgical help, as the perforation of the acetabulum demonstrates.

This specimen further shows that circumstances may occur where even probatory incisions fail to reveal the true condition of the joint. You would have undoubtedly opened the abscess behind and upwards of the trochanter major. But with your probe, or your finger, you would have found it impossible to get at the communication between the abscess and the joint. I, for one, am pretty much done following longer the teaching of those surgeons whose "conservative surgery" rather tends to conserve the disease than the patient; and I am convinced that the best conservative surgery is the one which, breaking away from the prejudice that disorganized joints—which, in fact, are no more joints—must be considered in any other light than abscess or necrosis in the diaphysis of the bones, to guide our surgical action, sacrifices a joint to save the patient and the limb.

Reports of Hospitals.

N. Y. STATE VOLUNTEER HOSPITAL.

SUCCESS OF THE TONIC AND STIMULATING PLAN OF TREATMENT.

For a year past, one of the three buildings constituting the New York Hospital has been appropriated to the sick and wounded Volunteers of the State. Until within the past two or three months it has been under the medical superintendence of Dr. C. R. AGNEW, assisted by Drs. McKee and HOGAN. The Institution was then, to all intents and purposes, a distinct Hospital under the direction of the State authorities. Since, however, the resignation of Dr. Agnew, the Volunteer Hospital, as such, has ceased to exist, and the soldiers are now received by the New York Hospital according to special contract.

During the existence of this hospital, a large number of cases were treated, embracing principally measles, typhoid fever, pneumonia, and pericarditis. A record of the general practice of the institution as furnished by Dr. Hogan, the resident physician to the Hospital, is certainly of great interest to every practitioner of medicine, and serves to illustrate in a very marked degree the value of the supporting plan of treatment, even in those diseases characterized by severe inflammations.

The number of cases of measles was very considerable. The patients were generally admitted with the rash pretty well developed. The type of the disease was asthenic, and where pneumonia did not exist as a complication, bronchitis was generally present. In five of the cases purpura existed as a complication, coming on in each instance during the third day of the rash. The expectant treatment was followed out to the fullest extent, and generally at the end of a fortnight the patient was discharged cured. There were no fatal cases of this disease. The character of the eruption in every instance was well marked.

The cases of pneumonia were quite numerous, and were for the most part caused by exposure to cold and wet. This disease was received in almost every stage, from the very commencement of the initiatory symptoms to the full development of hepatization. It could not be ascertained that the type of the disease bore any relation to the vigor of the constitution, as it was in the main asthenic. The interesting point of the treatment consisted in the fact that not a single man of the whole number treated—about one hundred—was bled, generally or locally, and not one died of the disease. How strangely this practice, which

is now coming so much in vogue, contrasts with that of ten years ago, when the lancet was the first thing in the line of remedies that was thought of. The results could not have been better then than now. The treatment consisted mainly of very mild counter-irritation, with either dry cups, mustard, or iodine. The latter remedy proved to be very efficacious, especially in those cases where pleuritic pains were present. It was generally applied once a day. In two or three instances phthisis developed itself during convalescence, and in a short time terminated the patient's life. This tendency to the secondary development, so to speak, of phthisis, was also noticed in a marked degree in convalescent cases of rubella. These patients, previous to the appearance of the eruptive disease, never had suffered from cough, from hæmoptysis, neither did they possess any hereditary right to phthisis.

The typhoid cases amounted to about one hundred and thirty. The disease as a whole was not of a very formidable character, two cases only proving fatal. Pneumonia, bronchitis, and also diarrhoea, were frequent complications. The first named complication existed in the two fatal cases referred to. Here, in the treatment of the disease, stimulants were used to their fullest extent of tolerance, and a suitable amount of nutritious diet was given at stated intervals. The stimulant which seemed to answer the purposes best was whiskey, in doses of eight or sixteen ounces per diem, made into a milk-punch.

Sometimes patients were admitted with a fever which resembled the first stages of the true typhoid, and seemed to have been caused by exhaustion and fatigue. This lasted but three or four days, rest and good diet being all that was required for its cure. It seemed to possess the character of that fever generally known as ephemeral.

The cases of pericarditis were, with one exception, caused by rheumatism. There was a remarkable collection of these cases, amounting to about forty. The principal complication was pneumonia. There was one remarkable case of pericarditis, where the friction sound lasted almost for thirty consecutive days, there being only three days during that time in which the sound could not be perfectly recognised. There was also made out a murmur with the first sound, heard at the apex (mitral regurgitative), and a murmur at the base with the first sound over the situation of the aortic valves (aortic direct murmur). The case was also of the greatest interest in connexion with a point of treatment. The patient took an almost fabulous amount of whiskey, and for a week at a time had about twenty ounces a day. We hope in future to give the exact amount of the stimulant taken, besides a more minute history of the case. There have been no fatal cases, and in not one instance has mercury been prescribed. The treatment for the rheumatism was alkaline, consisting of a drachm of Rochelle salts every two or three hours, according to the severity of the symptoms. Opium was also occasionally administered and stimulants always. Locally, counter-irritation in the form of blisters, mustard, and iodine, was employed. Wet cups were very rarely used, but dry cups were quite frequently resorted to.

TEST FOR BRANDY.—An interesting experiment was made last week at the residence of the sub-prefect of Saintes. A chemist from Cognac demonstrated that he could, by means of a reactive, distinguish pure Cognac brandy from mixed spirit, and tell whether the latter was composed of spirits of wine, beet-root, or corn spirit. Various descriptions of brandy were given to the chemist for his experiment. By pouring a glass of his reactive into a bottle of each liquor he produced instantly a particular tint, which indicated the nature of the mixture. There were a number of wine merchants and distillers present, who were astonished at the accuracy of the experiment, which succeeded above a hundred times.—*Lancet*.

SNOW AND WATER.—According to the Meteorological Reports of Rev. Dr. Patterson twenty inches of snow are reckoned in Minnesota to make one of water.

Reports of Societies.

NEW YORK PATHOLOGICAL SOCIETY.

STATED MEETING, March 26, 1902.

DR. T. C. FINNELL, PRESIDENT, IN THE CHAIR.

ERYSIPELAS OF HEAD AND FACE, WITH BRIGHT'S DISEASE, ETC.

DR. DRAPER presented a kidney, removed from a gentleman, æt. 65. Dr. D. was not able to give a complete history of the case, but could only refer to a few of the particulars. A year or two ago this gentleman had been seen by Dr. Clark, who discovered the existence of valvular disease of the heart, with hypertrophy. On the 18th instant he was seized with a chill, and on the day following the symptoms of erysipelatos inflammation about the face presented themselves. The disease, extending its limits, was accompanied with excessive prostration, and on Saturday the 22d, delirium set in and continued until his death on the Tuesday following, at 1 o'clock A.M. His urine was examined on several occasions previous to his death, and at no time was it found albuminous; no microscopical examination of the urine was made until the Monday preceding the attack of his last illness, when it was found to contain abundance of urates, with tubular casts of various sizes, and in various degrees of granular degeneration. The urine examined at this time was also found albuminous.

Autopsy.—The heart, kidneys, and a portion of the liver, were removed at the autopsy. The valves of the heart were more or less thickened; the pulmonary valves thickened at some points, and unusually thin at others. There were some atheromatous deposits in the aorta. The kidneys, much reduced in size, were found to contain microscopically an excessive amount of granular matter in the intertubular spaces; the tubuli from the cortical substance were filled with granular matter, and in none of them could any traces of healthy epithelium be found. The malpighian tufts were shrivelled, and their capsules thickened; and microscopic cysts were also visible. The pyramidal portion of the organ was in the same condition as the cortical portion. The liver was fatty, and the muscular fibres of the heart were extremely brittle, many of them presenting evidences of fatty degeneration.

The points of interest in the case were: the occurrence of erysipelas of the head and face in connexion with the disease of the kidney, and the absence of albumen in the urine previous to the last examination of that secretion.

DR. CLARK remarked that in April, 1859, he was asked to see this gentleman, and found him suffering from valvular disease, with moderate hypertrophy. He saw him also a year subsequently, and again two months before death, and at neither time was there any symptom present to excite the suspicion of Bright's disease. The examination, however, of the organ after death, showed pretty plainly that this disease of the kidney must have existed for a long time. The case, he thought, was one which illustrated the dependence of Bright's kidney upon cardiac disease as a cause, and also proved the fallacy of opinion in those writers who ascribe the existence of the contracted kidney to the abuse of alcoholic liquors—the patient being remarkably temperate.

A DERMATOPHYTE.

DR. LEWIS SMITH presented a specimen of a dermatophyte. This specimen was taken from a boy æt. 6, in the practice of Dr. Campbell. This boy had very good general health, but was inclining to a scrofulous state. A few weeks since, the mother noticed a red point on the inner aspect of the thigh, and a few days after a smaller spot about half an inch distant from the first. These spots gradually increased, and coalescing, formed a patch about an inch long by three-quarters of an inch in breadth. There was no destruction of the cuticle, no moisture, and the patch was little if at all elevated above the surrounding surface. The disease re-

sembled ring-worm. Little attention was given to it till the mother noticed this parasitic growth, when the physician was called. The growth resembled in shape, color, and size, a split pea. It is found to consist entirely of elongated cells, many of them free, but others arranged linearly, the cohering walls not being destroyed.

CHOLESTEATOMATOUS TUMOR.

DR. SMITH also presented a cholesteatomatous tumor which was sent to the Society by Dr. Husted of 42d street. It was removed by him from the anterior tibial region of a female patient, æt. 25. It had been nine years growing, was movable under the skin, and had never caused much inconvenience. It was removed by a simple incision. It was about two and a half inches in length, two inches in breadth, and one inch in thickness. It had a dense fibrous capsule. The substance within the capsule had very much the appearance of spermaceti. It was very brittle, and near the capsule there was a tendency to a laminated arrangement, but this was imperfect. The central portion of the tumor was softer than the external, but it had a pure, white lustre.

Examined under a microscope, this substance was found to consist, 1st, of numerous crystals of cholesterine; 2d, of tufts of margarine; 3d, of oil globules, some free, and others collected in clusters; 4th, of a large cell, transparent, and perfectly free from granular matter. It caused no refraction of light, and could in general be seen only in its outline. On careful examination, especially after the addition of ether, faint round or oval nuclei could be discovered in some of the cells, but not in all. The shape of these cells varies considerably, but the typical form is egg-shaped or oval. There is more oily matter in the centre of the tumor than near the capsule.

The Society then adjourned.

STATED MEETING, April 9, 1862.

DR. T. C. FINNELL, PRESIDENT, IN THE CHAIR.

DIPHTHERITIC FALSE MEMBRANE.

DR. CLARK exhibited some specimens of false membrane that were thrown off from the throat of a child who died that morning. One of the tubes apparently extended from the larynx only to the bifurcation of the bronchial tubes, while the other specimen seemed to be the continuation of the tube from that point downwards. Dr. C. then gave the history:—One of these was raised after a struggle yesterday morning (Tuesday) at half past seven o'clock, the other without much effort at some time in the course of the afternoon. Considerable difficulty of breathing, rather paroxysmal than continuous, occurred during the time these membranes were in the throat, and at a later time when they were removed. The voice never cleared up in such a manner as to give us any hope that the disease had subsided, and in the course of the night the difficulty of breathing increased, and continued to do so, especially in paroxysms, until the following morning about seven or eight o'clock, when death took place. The question of tracheotomy was raised, but was objected to on the ground that the last portion of membrane discharged was broken off abruptly, leaving good reason to suppose that some still remained in the tubes lower down. It was very evident that the larynx was greatly obstructed, even after the removal of these two portions of membrane. The history of the case is not that which we usually see. Some time early last week, Dr. Timothy Cheesman observed upon the tonsils of this child some whitish dots, and hesitating for the moment whether it was membranous or the whitish material which usually forms in the follicles of the tonsils, he took no immediate steps with regard to it. Soon, however, observing that they were running together, he recognised the disease as diphtheria. There was not at any time swelling of the glands of the neck. This membrane ran together, and forming a coating upon the tonsils, exfoliated on Friday. On Saturday, I saw the child with him, and there was no membrane whatever upon the tonsils or any other portion of the fauces,

except a mere fragment not much larger than a pin's head, that is to say in its superficial measurement, quite down to the end of the tonsil. I caught at that time a very good view of the epiglottis. There was no membrane upon it, and no membrane in the neighborhood of it, still there was hoarseness, and there was a little of the tracheal breathing, and we apprehended that the membrane was forming in the air passages. It went on to form steadily from that time until the exfoliation and removal, and then it is evident it was renewed after that, and the second membrane was the chief agent in destroying the child's life. The point that I wish to refer to as interesting is the complete exfoliation from the tonsils, and the subsidence of the inflammatory action in the tonsils before there was any marked evidence of membranous disease of the throat, leaving reason for a little time to hope that the disease had subsided, and would not enter the air passages. The character of the membrane microscopically is this:—Almost entirely a fine fibrillation, with the exception of a layer of pus that seems to have formed on its under surface. The disease seems to have been of a character to produce at first membrane, afterwards purulent effusion, and then again membrane.

POLYPUS FROM MEATUS AUDITORII.

DR. POST exhibited a polypus taken from the meatus auditorius of the ear of a man, thirty or forty years of age, which was remarkable for its size and firmness. The disease existed from early childhood, and the portion shown, about the size of a hazel nut, did not constitute the whole of the growth. It was removed by the scissors, and the patient was requested to call again, in order to have the operation completed. The precise point of attachment could not be ascertained.

OVARIAN CYST SUCCESSFULLY REMOVED.

DR. J. L. CAMPBELL by invitation presented an ovarian cyst removed from a lady in this city on the 3d of the previous month (April), by Dr. Washington L. Atlee of Philadelphia.

Mrs.—, aged 50, has enjoyed uniformly good health. Was married at 24, and is the mother of five children, the youngest being 13 years of age. Nothing worthy of remark occurred during any of her first periods of gestation, parturition, or lactation. Enlargement of lower portion of abdomen was first observed soon after the birth of her last child in March, 1849. The enlargement was symmetrical, and increased with almost uninterrupted uniformity up to a period of six months since, when the growth became more rapid. It was now exceedingly large and cumbersome. Patient still menstruates. The operation was made in the presence of a number of medical men in this city, and several from other parts of the state. The temperature of the room was kept about 80°. After inducing anæsthesia, an incision about two inches long was made in the line of the linea alba midway from the umbilicus to the pubes through all the tissues until the cyst presented, into which a large trocar was thrust, giving exit to *fifty-two pints of fluid*. The fluid was less viscid than the ordinary contents of ovarian cysts, and abounded in cholesterin; the tubular crystals of which glistened in the light, and as subsequently examined under the microscope appeared very beautiful. As the fluid escaped the abdominal walls collapsed, and were supported by the hands of the assistants.

By a dextrous use of the cannula, a small portion of the sac was turned out of the abdominal opening. This was seized, and (there being no adhesions) the entire cyst was readily withdrawn after a slight prolongation of the incision. The peduncle was long, and about an inch and a half in thickness. It was secured by a silver clamp tightly screwed upon it. The sac was cut off about half an inch beyond the clamp, and the stump smeared with a solution of the persulphate of iron. Wire sutures were then passed through the tissues including the peritoneum, and the incision closed, leaving the stump projecting at its inferior extremity. Adhesive straps were then applied, and warm water dress-

ings, and the whole secured by flannel bandage. At no time during the operation was there any marked depression of the vital power. The cyst, it will be seen, is unilocular, arising from the left ovary. Several small cysts are seen in the region of the ovary. It varies in thickness from one to twelve lines, and is of a tough fibrous texture, capable of containing, as was stated, fifty-two pints of fluid. It weighs about two and a half pounds.

Vomiting occurred at irregular intervals for forty-eight hours after the operation, and it was necessary to use the catheter for three or four days. Opium *pro re nata* to induce rest and freedom from pain. The pulse never rose above 108. The clamp separated on the seventh day. The incision healed by first intention. The stump still requires dressing.*

Dr. HOLCOMB asked concerning the size of the trocar used. He had seen Dr. Sims in an operation for ovariectomy use one as large as a small vaginal speculum. In that case the clamp was tried, but its application was attended with so much difficulty that it was abandoned, and silver suture substituted. A second operation had since been rendered necessary.

Dr. OTIS stated that he was present at the second operation, but the adhesions of the sac were so extensive that the fluid was merely evacuated and the wound closed.

EPILEPSY FROM COMPOUND FRACTURE OF SKULL.

Dr. FINNELL exhibited a specimen, consisting of a portion of brain substance removed from a farmer aged 30 years, whose death was caused by epileptic convulsions. About five years ago he was thrown from his wagon, sustaining a compound fracture of the right parietal bone near the temporo-parietal suture. He was able to get up after the fall, and walk a distance of ten or twelve yards, when he became too faint to proceed further. A portion of brain substance was found upon the vehicle. An examination of the wound at the time disclosed fragments of depressed bone, and one of these, about half an inch in length, penetrated into the brain substance. All the loose portions were removed. The man made a good recovery, but about a year after the accident he was seized with an attack of epilepsy, followed at irregular and frequent intervals for a period of five years by other similar seizures. A portion of skull at the seat of the injury being depressed, he came to the city with a view of having that depression removed by an operation, and a possible cure of the epilepsy. Dr. Mott operated by trephining the patient, and removing a portion of bone. The patient refused to take chloroform, but when the bone was being sawn through he expressed himself free from any suffering of pain. When the scalp was touched, however, the pain was quite distressing. The operation was not completed many hours before convulsions came on, and continued until death took place. On post mortem examination, at the seat of the operation the membranes had become adherent. The depression in the brain substance was equal to about an inch, but there did not seem to have been any other noticeable change in the part. In a case reported to the Dublin Pathological Society, where a person died thirteen years after a similar injury, and was also subject to repeated attacks of epilepsy, the membranes at the seat of injury were found much thickened, and at one or two points calcification existed.

The Society then adjourned.

TO MAKE COD-LIVER OIL PALATABLE AND EASILY ASSIMILATED.—Dr. Alexander Wallace, of Dublin, after a series of experiments with reference to obtaining cod-liver-oil in the state of minute subdivision for purposes of easy assimilation and palatability, recommends that it be mixed either with wine of iron and glycerine, or with the aqua calcis. The syrup of the iodide of iron can also be used with advantage instead of the wine of iron.

* The stump has retracted and cicatrised (May 8th), and the patient is well. Dr. Atlee informs me that it was his seventy-third operation for this disease.

Progress of Medical Science.

PREPARED BY E. H. JANES, M.D.
FOREIGN BODIES IN THE TRACHEA.

Two cases are reported in the *British Medical Journal* of April 26th. The first, by Dr. John Armstrong of Gravesend, was a boy aged ten, having a bean in his mouth, set off to run with another boy, when the bean slipped down, and he appeared for a time as if he would be strangled. The symptoms subsided; and he ate, drank, and even sang, so that nothing was done. On the next day he was seized with difficulty of breathing, became greatly distressed, eyes prominent, countenance livid, pulse feeble and slow, and surface cold. While in this condition, laryngotomy was performed, which excited a violent fit of coughing, though the body was not expelled; the distressing symptoms, however, were greatly relieved. The evidence, however, of the presence of a foreign body was unmistakable, and, finally, with the assistance of Mr. T. B. Curling, the bean was removed piecemeal, partly with the ingenious forceps obtained from Messrs. Weiss, and partly by the coughing of the patient. The boy was then put to bed, tepid water dressing used, and diaphoretic mixture. The wound healed, the voice returned, and the boy recovered without any bad symptom.

The second case, reported by Dr. S. Monckton, of Maidstone, was that of a boy aged seven, who, on returning from school, swallowed—as he said—a nutshell, of which he soon after informed his mother. It caused no uneasiness, except a choking fit in the evening, till next morning, when he was seized with alarming symptoms of cough and suffocation and hurried off to the infirmary, having the appearance of a child in the last stage of croup, from which he rallied after two hours of rest, his breathing becoming quite natural. As no one had seen him swallow the nutshell there were some doubts as to whether the spasms might not have been of extrabronchial origin, and therefore tracheotomy was not performed. He remained in the hospital six weeks, suffering during the first three from a moderate attack of bronchitis. The boy gradually improved, until twenty-three weeks after the accident, when one evening he suddenly expectorated the nutshell without difficulty. It had the appearance of half the entire shell of a long filbert, little changed except a slight rounding off of the broken edges.

TRAUMATIC TETANUS.

The *Lancet* publishes a case of traumatic tetanus successfully treated with opium and belladonna poultices, by Dr. S. Cartwright Reed. The patient was a lad of healthy appearance, aged 17, who was knocked down by a cart, a wheel grazing the side of his head, nearly tearing away the right ear, and fracturing the right maxilla at its symphysis. Notwithstanding a careful dressing of the wound gangrene supervened in twenty-four hours, which made it necessary to remove the ear, when a linseed poultice was applied and saline aperient administered. The wound progressed unfavorably, and on the third day tetanic symptoms began to show themselves. An aperient draught was ordered immediately, and linseed poultice with a drachm of opium powder applied to the wound. The next day belladonna mixed with glycerine was substituted for the poultice, and one grain of opium with two of calomel given at night. Slight improvement was soon apparent and the treatment continued, substituting mercurial ointment for the glycerine, and after the sixth day the tetanic spasm gradually disappeared and the boy rapidly recovered.

BLOODLESS REMOVAL OF PORTIONS OF THE TONGUE.

Dr. Alexander Simpson, of Edinburgh, succeeded in removing an epithelial ulcer of the tongue, situated near the root of that organ, where it would be difficult to apply the écraseur, by first passing a loop of platina-wire through the tongue towards its root, and below the epithelioma. A

stream of galvanism was then passed through the wire so as to render it red hot, and in this way a flap of considerable size was cut off the side of the tongue. The loop of wire was then applied round the base of this flap; but on attempting to tighten it the wire gave way, and its removal was effected by means of the *écraseur*. A hard nodule left in the side of the tongue was seized with a vulsellum, and surrounded with a loop of the galvano-caustic wire. The teeth of the instrument tore a little artery which began to spout. The wire through which the current was passing lighted up the cavity, showing the bleeding point, to which it was easily applied and the hæmorrhage arrested. Dr. S. has used the galvano-caustic wire in the removal of hæmorrhoids, etc. Its advantage over the *écraseur* is that it can be applied in situations where the latter is impracticable. The specimen was exhibited at the Medico-Chirurgical Society, and published in the *Edinburgh Medical Journal*.

NEW INSTRUMENT FOR VESICO-VAGINAL FISTULA.

Prolapse of the anterior wall of the bladder through the rent in the vaginal wall, greatly embarrassing the surgeon, is easily prevented by a little instrument invented by Dr. Henry Thorpe of Letterkenny, and presented to the Surgical Society of Ireland. It consists of a flat piece of wood of an elongated elliptical form, the short diameter corresponding to the diameter of the fistula, with a cord passed through near one end and fastened by a common knot. The plug is to be pushed into the bladder through the fistula, and so placed that the extremity through which the cord is passed shall be towards the urethra, and the longer end of the plug shall cover the fistula and lie upon the floor of the bladder beyond it. When traction is made by means of the cord downwards and forwards, the plug cannot escape through the fistula, but drags the floor of the bladder downwards towards the external parts, bringing the edges of the fistula into view, and into a favorable position for operating, all prolapse of the anterior wall of the bladder being rendered absolutely impossible. When the vivification of the edges is completed the plug is removed as easily as it has been inserted. Of course, the size of the plug must vary according to that of the fistula.

CAUSES OF FAILURE IN THE TREATMENT OF UTERINE ULCER.

The advantages of a careful diagnosis as conducive to successful treatment of the different forms of uterine ulcer are clearly set forth in a series of articles published in the *Lancet*, vol. ii., 1861, by Robert Ellis, Esq., Obstetric Surgeon, etc. The principal causes of failure in treatment are found to be, 1. Errors of diagnosis; 2. Errors of treatment; 3. Inefficiency of the means employed; 4. Neglect of accessory means; and 5. Imperfect cure of the ulcer. Malignant ulcer—true cancer of the cervix—has been mistaken for the simple sore, and treated with escharotics. The simple ulcer has also been mistaken for cancer. The indolent, diphtheritic, and fungous, has each in its turn been mistaken for the inflamed ulcer, and the patient submitted to repeated leechings and other antiphlogistic measures. Errors in treatment could not well be avoided from the want of previous experience, and the proper construction and use of the requisite instruments. The latter deficiency now no longer exists, and the different forms of uterine disease are now better understood, and true principles of cure are laid down. Yet the application of leeches to an indolent ulcer, on the one hand, and the administration of wine, quinine, etc., for the treatment of the inflamed ulcer, on the other hand, are errors of frequent occurrence. The selection of an escharotic inappropriate to the case under treatment, or a reliance on injections for the cure of any form of uterine ulcer, may each be set down as a frequent source of failure to cure. A fungous ulcer on an atheromatous basis, occupying both lips of the cervix uteri and reaching high up the canal, after being under treatment for three years, and cauterized with nitrate of silver upwards of one hundred times without deriving much benefit, soon yielded to a few resolute applications of the stronger caustics, followed by a thorough penetration of the canal by the

lunar caustic. So also will the weaker caustics be found inadequate to the cure of the inflamed, hypertrophied pus-secreting ulcer, which requires measures of sufficient penetration to substitute healthy for diseased action in the shortest time. For the melting down of a strong hypertrophy, the potassa fusa is applicable; the acid nitrate of mercury in certain states of the inflamed ulcer; the strong nitric acid saturated with nitrate of silver being both a powerful escharotic and astringent, is fit for the treatment of fungous ulcer. The nitrate of silver alone cannot be substituted for either of these more powerful caustics, though it is useful for milder cases, if firmly applied and allowed to lie for some seconds on the part affected. Inefficient use even of the most appropriate remedies may be a frequent cause of failure; theropy discharge, if not carefully removed, will go far to neutralize their effects. Also neglect of applying the escharotic sufficiently high up in the canal is another cause of failure. To obviate the danger of fracture in using the stick of nitrate of silver, the author makes use of an instrument in which he has passed a platinum pin through a hollow cylinder of the caustic, rendering it impossible to be broken off. This can be passed, if desirable, even through the os internum. Though injections cannot be substituted for any of the above named remedies, yet as accessory means they constitute an important part of the treatment. The ordinary female syringe is, however, entirely too small to be of much service. In place of this an instrument known as the uterine douche is highly recommended. A due attention to the laws of hygiene should be also strictly enforced. It should also be the duty of the practitioner to see that the cure is thorough before discharging his patient, otherwise the relief derived is but temporary, and after the lapse of a year, or perhaps less, the whole malady has to be treated over again.

The following table presents a brief *resumé* of the subject:

VARIETY.	CHARACTERS.	TREATMENT.
1. Indolent ulcer.	Cervix hypertrophied, of a pale pink, and hard. Os patulous to a small extent. Ulcer of a rose red. Granulations large, flat, insensitive, and edge of the ulcer sharply defined. Discharge: mucus, with a little pus, and occasionally a drop of blood.	For a few times the caustic pencil. Afterwards several applications of solution of nitrate of silver in strongest nitric acid.
2. Inflamed ulcer.	Cervix tender, hard, a little hypertrophied, hot, and red. Vagina hot and tender. Ulcer of a vivid red. Granulations small and bleeding. A livid red border round the ulcer. Discharge: a mucus-pus, yellow and viscid, with frequently a drop of bright blood entangled in it.	Occasional leeching; hip-baths (warm); emollient injections. Then acid nitrate of mercury several times, succeeded by the solid lunar caustic, potassa fusa or eum calce.
3. Fungous ulcer.	Cervix soft, large, spongy to the touch. Os wide open, so as to admit the finger. Ulcer large, pale, studded with large, friable granulations. Discharge: a glairy, brownish mucus, frequently deeply tinged with blood.	At first caustic pencil. Subsequently nit. acid solution of nitrate of silver, or acid nitrate of mercury; electric or actual cautery.
4. Senile ulcer.	Cervix small, red, a little hard. Ulcer small, extremely sensitive, of a bright red color. Granulations very small, red, and irritable. Discharge: a thin mucus-pus.	Potassa fusa, or strong nitric acid with nitrate of silver, once or twice at long intervals. Then solid sulphate of copper in pencil.
5. Diphtheritic ulcer.	Cervix of ordinary size; a little hot, dry, and tender. Ulcer covered in patches with a white membrane, adhering closely; irritable, and readily bleeding beneath. Discharge: a thin, acid mucus, without pus, but occasionally tinged with blood.	At first, electric cautery, potassa cum calce, or acid nitrate of mercury, two or three times at long intervals. No nitrate of silver. Subsequently, stimulant applications, tincture of iodine, or sulphate of copper.

DR. R. H. GILBERT, Brigade-Surgeon, has been appointed Medical Purveyor at Fortress Monroe, in place of DR. SHELDOX, who has been transferred to the charge of the Military Hospitals at Norfolk.

American Medical Times.

SATURDAY, MAY 31, 1862.

THE CLAIMS OF THE SANITARY COMMISSION.

THE Sanitary Commission has now been in existence about one year, and the manner in which it has adapted itself to the wants of our soldiers cannot but be appreciated by those who have kept track of its doings. Its labors commenced in anticipating the wants of the army that was to be placed upon the field, which it did on a scale fully in accordance with the magnitude of the result to be obtained. Since that time no efforts have been spared on the part of the commission to fulfil the grand and benevolent design for which it sprang into existence. That it is eminently fitted for the work that it has undertaken can be seen when we consider its peculiar organization; a truly expandable body, its power is, so to speak, unlimited. Reaching out as it does by means of the several inspectors over the whole extent of our battle-ground, and holding direct communication from distant points with our large cities, it naturally and quickly adapts itself to every exigency. We have had numerous illustrations of its promptitude on such occasions: Twenty-four hours before the affair at Fort Donelson, hundreds of boxes of hospital stores were sent with proper executive officers and agents, whose duty it was to see that everything should be properly distributed. The great confidence which has been placed in this body by the military authorities has enabled it thus to be prepared, and on the alert, to offer every aid which humanity and benevolence can suggest. The same confidential relations with these authorities have enabled it to follow the grand army of the Potomac, and minister to its many necessities; and when the order for an onward march was given the commission was selected to care for the sick and wounded that were to be left behind. This was gladly done, and within an exceedingly short space of time six thousand of our suffering soldiers have been removed from the unhealthy climate of the South to the salubrious air of our northern cities.

Although ostensibly an advisory body it is practically a benevolent organization, and is constantly giving at the rate of many thousands of articles daily. We are informed that from the central depot at Washington alone it has sent out to the number of 65,000 articles, embracing every necessity for the sick, from casks of wine to shirts and napkins. If we also consider that a proportionate amount of freight is sent by the other branches, we can easily conceive the number of the articles to be almost incalculable. With the progress of the war the demands upon the resources of this body are constantly augmenting, and though the medical bureau is in hearty sympathy with the work, and will doubtless do all in its power to cooperate with it, and has absolved it from all the various responsibilities that it hitherto has assumed in matters of camp inspection, etc., which is now provided for by the law reorganizing the medical department, it has still need for material aid. Its functions should and will be continued to the end of the war. As an exponent of the wishes of every one interested in the welfare of our army it has a strong claim on the

benevolence of the community. No one can appropriate his money to better advantage than by placing it in the hands of the authorized agents of this body. They, by a thoroughly systematic management, take care that everything reaches its place of destination, while on the other hand it is well known that the storehouse at Washington is filled with packages which, being sent by private enterprise, from misdirection or mismanaged, have missed their way.

More could not be asked than has been accomplished in the judicious distribution of every necessary for those who are really needy. These acts of beneficence, however, must not be cramped by any lack of donations, or any want of a cordial coöperation on the part of the community, in this their hour of need. No class of men can do more with particular communities in influencing their charitable motives than can the physician: thoroughly acquainted with the wants of the sick and wounded, he knows best how to touch the sympathies of the people, and direct them in their proper channel. He can do much to educate all with whom he is brought in contact into the necessity of lending their aid to so grand and comprehensive a charity. Some of those outside of our profession are keenly alive to the claims which the commission has upon them for help. The letter of Colonel Howland, of General McClellan's staff, in sending a donation of one thousand dollars, modestly but eloquently utters the sentiments which fill the souls of at least our volunteer officers. He says:—

"I have seen too many instances of the great good the Sanitary Commission is doing not to be grateful for its work, and at the same time anxious to help it in the only way I know how."

If the doings of the Sanitary Commission were fairly and truthfully set before the public, there would be very many who would be ready and willing to follow the noble example of the colonel.

NEW APPOINTMENTS AT THE "FACULTY OF MEDICINE," OF PARIS.

THE *Gazette des Hôpitaux*, for April 24th, announces two new appointments at the Faculty of Medicine: M. Rayer, to the Professorship of Comparative Medicine, and M. Robin, to the Professorship of Histology. The chairs to which these eminent savans are appointed are of new creation, and their necessity has been developed by the extensive labors, especially of M. Robin, in the special departments which are thus added to the curriculum of instruction. M. Rayer, already well known to the profession of all countries by his extensive researches in practical medicine, has for many years been engaged in the study of the morbid conditions, artificially produced, as well as naturally developed, in the lower animals, as compared with the human subject. M. Robin, the author of numerous works bearing on Histology, in its most external application, is not less known in the scientific world. It is not without interest and instruction, that we of the profession watch the progress of scientific improvement in the great centre of medicine. One would think that it could be not without influence upon the condition of medical science in our own country, that this progress is brought to the knowledge of those who should cherish and reveal scientific labors. It should stimulate our profession to jealously guard the position and privileges we enjoy as the result of unaided efforts;

for, as we never have received we fear we may never expect to receive, the encouragement and assistance which has made Paris the scientific centre of the world. As the medical profession maintains its dignity, not by any recognition by our government, but by its own exertions, we could not hope, without a change which is not likely to occur, to have any substantial official recognition of scientific labors. An irregular would be more likely to succeed in obtaining a chair in a Governmental Faculty, if we had an analogue to the French Faculty of Medicine with a sufficient pecuniary endowment, than to enter our Army Medical corps, to get a position in our hospitals which have been built up by the gratuitous labors of our profession. This want of legal protection to our profession is an effectual bar to the encouragement and rewards for scientific labors which are held out by other countries. The few extracts we venture to make from the report of the Minister of Public Instruction, etc., to the Emperor, shows the deep interest taken by the French Government in scientific improvement.

"Sire—Your Majesty watches with constant solicitude the progress of the institutions for public instruction. Among these institutions there is none which renders greater service, and which has acquired more legitimate renown, than the Faculty of Medicine of Paris. The force, the solidity, the extent of its teaching, corresponds to the eminence of the professors who have rendered its chairs illustrious, and who now occupy them with so much distinction. It receives in its midst a crowd of studious pupils, whom it sends forth, proud of the title which they have attained, rich in excellent instruction, and competent to fulfil in society the duties of their useful and noble profession. But, besides this, its reputation has extended beyond the boundaries of France, attracted from all quarters of the globe an annual concourse of students, who, already instructed in the universities of their country, come to complete their medical education in the active centre of labor and of science. The Faculty of Medicine of Paris owes this influence and this success to the efforts which it has employed at every epoch to place itself at the level of all scientific acquisitions. It will continue to progress in this path so fruitful, and the government of your Majesty will neglect nothing, that medical instruction may enlarge by reason of the new developments of science.

"Comparative medicine is one of the developments of modern science." * * *

The reporter then goes on to mention the necessity of the chairs of Comparative Medicine and Histology, and the claims of MM. Rayer and Robin, whom he recommends to be appointed.

"The creations which I solicit of your Majesty answer the real necessities of instruction and the actual state of science, and in realizing them the Emperor will manifest anew to the country the lively and powerful interest which he accords to the progress of public instruction." * * *

In addition to the appointment to the chair of Comparative Medicine, M. Rayer is made Dean of the Faculty in place of Baron Paul Dubois, who retires and is made honorary Dean. The editor of the "*Gazette*" expresses surprise that one with such numerous occupations as M. Rayer, and "arrived at an age when the necessity of repose has already made itself felt," should undertake these additional duties.

Charles Robin, the new Professor of Histology, is one of the most remarkable men of the age. His name is already familiar to us on this side of the Atlantic, but few know the extent of his scientific labors. For twenty years he has been engaged in the study of histology, and since 1847 has

produced besides numerous works, reported to scientific bodies, and published in periodicals a number of systematic treatises which are all regarded as authority on their various subjects. He has not yet, however, finished the crowning work of his life, which will soon appear, and will embrace the origin, development, natural decay, and morbid alterations of all the tissues of the body. To follow the various tissues from their first appearance to their perfect development, then to their final decay, and likewise through the morbid changes to which they are liable, is the stupendous labor which he entered upon twenty years ago, the result of which the world will soon see. None but those who have followed his private instruction are as yet in possession of his histological views, but to them the revelation has been like a new world, and Robin is the Bichat of our generation. Robin has not worked and does not work for any but his *confrères* in science; and the minuteness of detail, which is laborious for an ordinary student, teaches them how the great truths have been developed, and marks an example which the humblest worker may follow and contribute his store to the magnificent edifice of Science. It will be long before the "General and Pathological Anatomy" will be appreciated by the profession, and not before it has been well diluted by compilers; but its appearance will mark an era in medicine.

The larger works of Robin are the *Chimie Anatomique*, which he wrote in connexion with Verdil; the *Histoire Naturelle des Végétaux Parasites*; the *Microscope et Injections*, and *Nysteres*' Dictionary, edited by Littré and Robin, containing in Anatomy and Pathology many of Robin's views. His smaller monographs are very numerous, and of late years many have appeared in Séquard's Journal of Physiology.

After twenty years of scientific labor, Robin is not only Professor, but he has created the necessity for the establishment of the Chair which he only can fill.

THE WEEK.

SOME time since, it may be recollected, we called attention to an error in the last English edition of "Samuel Cooper's Dictionary of Surgery."

In the British Medical Journal of April 12th, Mr. J. E. Erichsen, the distinguished surgeon of London, published the following satisfactory explanation.

"*The First Ligature of the Internal Iliac Artery in the United States.*—SIR: In the last number of the *Journal*, under the heading of 'A Slight Error,' it is stated that I have, in the last edition of *Cooper's Surgical Dictionary*, attributed to 'Mr. Hudson of New York' instead of to 'Dr. S. P. White, formerly of Hudson, in the State of New York,' the merit of having first tied the internal iliac artery in the United States of America. The error is not mine but Mr. Cooper's. It occurs in the edition of 1838, from which the new issue of the *Dictionary* has been compiled, etc.

"I am, etc.,

"JOHN E. ERICHSEN."

"6 CAVENDISH PLACE, April 8, 1862."

We avail ourselves of this opportunity to correct a few other errors in relation to this important and difficult operation. Mons. Velpeau, the celebrated surgeon of Paris, in his valuable and elaborate work on surgery, attributes the operation in one place to Samuel White, and in another to M. P. White. Dr. Mott, in his notes, gives it correctly to Dr. S. P. White. Lecturers in our Medical Colleges, when alluding to the subject, have often spoken of it as the liga-

ture to the common iliac artery instead of the internal iliac artery. It is very curious that the error should have lain uncorrected for twenty-four years in Cooper's Surgical Dictionary, and it can only be accounted for on the ground that the American edition is principally used in the United States. It is strange, also, that the London edition should denominate it a "slight error." It ought not certainly to be considered in that light by the gentleman who really performed the operation.

ANOTHER charitable institution, the North Eastern Dispensary, situated at the corner of Lexington Ave. and 51st st., has lately been organized. The want of a Medical Charity in this portion of the city has long been felt, and now that it is in successful operation we have no doubt that the number of patients who will apply for advice will be very large.

WE are informed that during the month of June, the library of the late DR. JOHN W. FRANCIS will be sold at auction by Bangs, Merwin & Co., 594 Broadway. The catalogue is very extensive, presenting a large collection of medical books and journals, and works on early American history.

CASES OF VAGINISMUS, WITH THE METHOD OF TREATMENT.

By J. MARION SIMS, M.D.

[Reprinted from the Bulletin of the N. Y. Academy of Medicine.]

IN May, 1857, I was called to see a lady, forty-five years of age, who, married at twenty, had been an invalid ever since. Menstruation, always painful, had just ceased. She had great irritability of the bladder, a sense of bearing down, and other symptoms of uterine derangement. But the most remarkable thing in her history was the fact that she had remained a virgin, notwithstanding a married state of a quarter of a century. Some two or three years after marriage, her physician discovered a sanguineous tubercle at the meatus urinarius, and removed it with the expectation of relieving her peculiar condition, but no benefit ensued. He then attempted to dilate the vagina with graduated bougies, which produced the most intolerable suffering without the slightest permanent improvement. She next consulted the most eminent physicians in the principal capitals of America, and visited London, Paris, and other European centres of learning, asking advice of leading surgeons, but no one could give a satisfactory solution of the case, or advised anything more than the bougie system, which had been already fruitlessly exhausted. Possessed of ample means, she and her husband had left nothing untried that promised the least hope of success. And thus many, many long years had passed when I was sent for, not to be consulted in respect to this peculiarity, which they had long since learned to look upon as incurable, but for the state of her general health.

I found her nervous system in a deplorable condition. It was exceedingly impressible, the slightest noise causing her intense pain. She was only able to walk across the room, but did not often venture even upon this, being confined for the most of the time to her couch, where she gave herself up to unceasing intellectual effort. Her mental tension and sedentary habits were supposed to be the cause of her great nervousness.

Amongst other means of diagnosis, I proposed a vaginal examination, which she assured me was impossible, then gave me the history already related. I attempted it, however, but failed completely. The slightest touch at the mouth of the vagina produced the most intense agony, throwing her nervous system into great agitation, with general muscular spasm and shivering of the whole frame

as if with the rigors of an intermittent, while she shrieked aloud, her eyes glaring wildly and tears rolling down her cheeks, all rendering her a pitiable object of terror and suffering. Notwithstanding all these outward involuntary evidences of physical commotion, she had moral fortitude enough to hold herself on the couch, imploring me meanwhile not to desist from my efforts while the least hope remained of finding out anything about her inexplicable condition. After pressing with all my strength for some minutes, I succeeded in introducing the index finger into the vagina up to the second joint, but no further. The resistance to the passage was so great and the vaginal contraction so firm as to deaden the sensation of the finger, and this the examination revealed only an insuperable spasm of the sphincter vaginae. Whether the vagina was defectively developed or normal, I could not determine. I candidly told her husband that I knew nothing whatever about the case, that I had never seen or heard of anything like it, and that it would be quite presumptuous in me to hazard an opinion, or to hope to do anything for her, when they had consulted the ablest surgeons in the world without receiving the least information on the subject, and that I could promise nothing. However, I suggested the propriety of her going to New York for further investigation under anaesthesia. She accordingly did so, and I invited the late Dr. John W. Francis, Dr. Emmet of the Woman's Hospital, Professor Van Buren, and Dr. R. S. KISSAM, to see her. The two last named gentlemen assumed the responsibility of the etherization, which was to me a matter of some anxiety, owing to her peculiar nervous organism. Previously to the anaesthesia, I attempted to make a vaginal examination, when the same train of symptoms was manifested as on the former occasion. But as soon as she was fully under the influence of the ether, greatly to my surprise, I found the mouth of the vagina completely relaxed and the vagina itself perfectly normal, not presenting the least deviation from health. It was not large, but certainly quite as well developed as it ought to be at her time of life, and under the circumstances. The uterus was retroverted, and there was a small polypoid excrescence about as large as a pea hanging from the os tincae. This was removed, not with the expectation that it would have any influence upon her condition, but to prevent the risk of future growth.

The opinion that I gave on the case was this; that it was a spasmodic contraction of the sphincter vaginae, resulting from an irritable condition of the nerves of the part, which I could not explain. To the question whether it were possible to effect a cure, I replied that I did not know, for the books threw no light on the subject; but that the only rational treatment appeared to me to be surgical, *i. e.* dividing the muscles and nerves of the vulval opening. They seized on the idea, and insisted on the operation, which I declined to perform, on the ground that an untried process was not justifiable on one in her position in social life, the Hospital being the legitimate field for experimental observation.

I have related this case somewhat at length, to make it descriptive of the class which it represents, and I shall be glad if this learned body will allow me, in my own simple way, to continue the story of my own experience in the matter. I have nothing to say on the literature of the subject; I leave that to others.

The high intellectual endowments of this lady, her elegant culture and fine social position, as well as her long suffering, all conspired to make her case one of much thought and anxiety to me, and I could not easily dismiss it from my mind. I consulted authors, and found cases described by them of pruritis, hyperaesthesia, neuralgia, neurosis, artresia, etc., all of which I had seen, but nowhere did I find any description of disease answering to the peculiarities of this case, which I naturally concluded to be unique and anomalous. But about fifteen months afterwards, Professor Pitcher of Detroit, Michigan, sent me another case, precisely similar, except that the lady had been married for two

years. She had the same instinctive dread of being touched, the same muscular contraction of the whole frame, etc., while it was utterly impossible to pass the finger into the vagina. As this lady's husband threatened to obtain a divorce, I looked upon her case as justifying the experiment. So, fully explaining to her our ignorance on the subject, I proposed a series of experimental incisions, etc., to which she readily consented. Thinking the division of the irritable spasmodic outlet to be the only rational operative procedure, I at first divided only the edges of the hymeneal membrane on each side of the fourchette. No relief ensued. After waiting for the wounds to heal, I divided the parts again at the same points, extending the incisions deeply, however, through the mucous membrane, and through some of the fibres of the sphincter muscle. This was followed by some improvement; she could bear the introduction of one finger without great pain, and could even tolerate two, but with considerable suffering. I now saw that the hymen itself was the focus of the excessive sensibility, and proposed to cut it out entirely, and afterwards to repeat the lateral incisions as before, making them deeper, and rendering the dilation permanent by the use of a properly constructed vaginal dilator. By this time the mother of the lady had come, to the very just conclusion that I was *experimenting* on her daughter. I told her that it was true, and attempted to explain to her the propriety of such a course when a lawsuit and divorce were in prospective. The mother, however, was inexorable, and unfortunately removed her daughter from my care. Nevertheless, her improvement was so great that I have no doubt of her fulfilling the relation of wife under some difficulties.

The experience gained by this case was of great value to me. A few weeks afterwards, singularly enough, another case fell into my hands—the wife of a clergyman, who had been married for six years. Sexual intercourse was impossible. Several surgeons had been consulted, without receiving any explanation of the case, and of course, without relief. On examination, I discovered a sanguineous, mucous, irritable tumor at the mouth of the meatus urinarius, and notwithstanding the experiments already related, persuaded myself that this tubercle was the cause of all the trouble. The tumor was removed and its seat cauterized. In due time, she returned home, but came back in a few days to report a persistent state of virginity. On a more minute examination, I found the case to be in all particulars precisely like those previously related, but not quite so intense in its manifestations. The slightest touch at the reduplication of the hymeneal membrane with a feather or a camel's hair pencil, produced as severe suffering as if she were cut with a knife.

While this lady was under treatment (April, 1859), a fourth case came under my observation. The lady had been married three years. Sexual intercourse had been imperfectly accomplished a few times during the first few weeks after marriage. She innocently supposed that all women had to suffer as she did, and tried to bear it like a good Christian, but her sufferings were so intense that she at last looked with the greatest terror on the approaches of her husband, to whom she was devotedly attached. At her earnest entreaties, her husband, who was equally devoted to his wife, ceased all efforts at sexual intercourse, and they lived and loved as innocently as two little children. But at length the mother of the poor timid girl began to wonder why after three years of marriage her daughter, who seemed to be healthy, and who had a healthy, vigorous, young husband, had not become pregnant, and ventured to speak of her disappointment in not being advanced to the honorable title of grandmother. Upon this, the daughter hesitatingly explained the whole to the mother, who immediately brought her to me. I found precisely the same condition of things as already described.

Three weeks after this, my friend, Dr. Harris, of E. 30th st., New York, brought me another (the fifth) case. The patient had been married two and a half years, and, in consequence of her persistent virginity, her husband was truly

unhappy. I had now (June, 1859) three cases under observation at the same time. To cut short this long narrative, I will simply say that after many experiments and disappointments, all were perfectly cured in August, 1859.

(To be Continued.)

Correspondence.

HEALTH OF THE ARMY OF THE MISSISSIPPI.

[To the Editor of the AMERICAN MEDICAL TIMES.]

SIR:—Since I last wrote, our course has been winding and devious, long fatiguing marches, heavy night and guard duty, and working in the trenches and swamps about New Madrid and Island No. 10, and, finally, the whole command of Gen. Pope densely packed upon steamboats, went down to Fort Pillow to invest that place. After two days' labor we were mostly ordered back up the river to Hamburg, to aid Gen. Halleck in his attack upon Corinth. We were about six weeks in and about New Madrid, and before we left the men began to suffer with severe diarrhoea assuming a typhoid character, presenting many of the graver symptoms which were so fatal in Upper Missouri during the winter. But fortunately for the army we soon marched, and but few cases in the command proved fatal.

Of the primary amputations performed there after the battle I know several died before I left, and others were not progressing as well as could be hoped, though I do not think it was for lack of attention, as everything was provided for their comfort that could be had. I regard the fatality as caused by the serious character of the wounds, most of the injuries being produced by round shot and shell, producing such depression of the powers of life that reaction does not seem to fully re-establish itself. Such was the fact in the case of a Lieutenant-Colonel of the 47th Illinois, who had a leg torn off by a round shot at this place on Friday last. He was a stout, healthy, vigorous man; the leg was carried away below the knee, but he never rallied from the shock, though every means was used to save him. In our shipment from New Madrid, Missouri, up and down the river, we were greatly crowded and kept on steamboats nine or ten days. The consequence was that meals were irregular, sleep broken, and the whole command were heartily sick of a steamboat and glad to again set foot on shore.

From long confinement and irregularity diarrhoea became very severe, and for the first week I began to fear we were going to have serious trouble. But as soon as we began to advance and leave the Tennessee river, and the men could get their meals regularly, diarrhoea began to diminish. At the present time the command is encamped on high rolling or ridge land in timber, which affords good shade from the hot sun, and the health of the left wing is very good indeed, and constantly improving. I am unable to speak regarding that of the centre and right wing, only from what I heard a General say to-day regarding his own division in the centre. He stated the health of his men was good and every day improving, now they have got away from the river and the effluvia arising from the old battle-field. From the condition of our own command, and all circumstances combined, I judge that the health of this whole great army is very good, and every day getting better.

It is true that there are a good many sent back down the river to hospitals, and there are still some left at Pittsburgh and Hamburg landings; still to one long accustomed to see sick crowds and such an immense force together as is congregated here, I think the sickness very moderate, and we have every reason to congratulate ourselves on the present sanitary condition. Of one thing I am quite certain—let ours be called good or bad, I learn from reliable sources that that of the enemy is far worse; and in every place we have occupied of theirs they have left indubitable traces behind that disease and death have reaped a rich harvest.

The diseases most prevalent here are diarrhoea, some dysentery and intermittent fever, and also some conjunctivitis. The diarrhoea is most troublesome, though of a mild character, and but very few cases, as yet, have proved fatal. I notice one peculiarity about it, that it is attended with great languor and feeling of debility and prostration, and, as the boys say, "weak in the knees." This feeling is not dependent upon frequency of stools, as I know from experience, but I judge it is in proportion to the miasmatic influences upon the system. Those cases feel it most who are most susceptible to that impression, consequently quinine is freely used in its treatment. I have had occasion to use nearly all the remedies recommended, and of these I find opium stands at the head, and then one can combine it with bismuth, acetate plumbi, and tannin. In many cases rhubarb and soda combined act like a charm, and in others dilute sulph. acid seems to produce a like effect, and with continued diarrhoea Fowler's solution often acts admirably.

The wounded of the battle of Friday last, in which the enemy attacked our advance and finally retired, have mostly been sent to Hamburg and shipped down the river. The severest cases are here as yet, and mostly doing well. We are daily expecting to have a general fight, yet I should not be surprised if it did not come off for even two weeks yet, but when it does come look out for hard work. It is said that doctors, nurses, and general supplies, are abundant at the river, having been sent out by the different states in anticipation of a great battle.

Yours truly,

CHARLES H. RAWSON,
Surgeon 3d Divis. Army Miss.

NEAR CORINTH, May 12, 1862.

COMPLIMENT TO A VOLUNTEER SURGEON.

[To the Editor of the AMERICAN MEDICAL TIMES.]

SIR:—I send you the accompanying correspondence between the medical staff stationed at Newport News, and the medical inspector at Fortress Monroe, by way of illustrating that the labors of the volunteer army surgeon are not always unappreciated. A few days before the action between the Monitor and Merrimac, Dr. Eisenlord was promoted to the charge of the brigade hospital at Newport News, and was on duty at the time the fight took place. The number of the wounded, and the character of their wounds, were such that the most untiring exertions were called for from all concerned in the care of the suffering ones. Among other capital operations eight or ten amputations were performed. I submit, sir, the following, which will speak for itself, premising that I am confident the compliment was well earned.

Yours, etc.,

SURGEON.

FORTRESS MONROE, VA., May 21, 1862.

CAMP BUTLER, NEWPORT NEWS, VA., March 10, 1862.

SIR:—Under circumstances with which you are well acquainted, we, the surgeons and assistant surgeons doing duty at this station, respectfully and very particularly recommend to your notice, Surgeon A. M. F. Eisenlord, of the 7th N. Y. Vols. We do so on account of the good services which he has rendered for the last two days (in the action between the Monitor and Merrimac), and also on account of the valuable assistance we have received during our arduous labors. It is but an act of justice to him and an advantage to ourselves, to lay these facts before you our medical director, etc.

Respectfully yours,

JOSIAH CURTIS, Brigade Surgeon.

DR. CHAS. GRAY, Surgeon 11th N. Y. Vols.

" L. MCLEAN, " 2d " "

" H. B. WHITTEN, Assist. Surg., 2d N. Y. Vols.

" J. STEENBORG, " 1st " "

" JOHN HOWE, " 1st " "

To JOHN M. CUYLER, M.D., Surgeon U. S. Army, and Medical Director, Fortress Monroe, Va.

HEAD QUARTERS, MEDICAL DEPARTMENT,
FORTRESS MONROE, VA., March 12, 1862.

DEAR DOCTOR:—I really rejoice to hear such good accounts of Surgeon Eisenlord. Please congratulate him for me, and say that the communication sent me by you has been presented to the commanding general, and I will send it to the surgeon-general of the State of New York. I take great pleasure and pride in doing justice to all.

Yours truly,

JOHN M. CUYLER, Ft. Monroe, Va.

To Brigade Surgeon JOSIAH CURTIS,
Newport News, Va.

Medical News.

SIR BENJAMIN BRODIE.—At a meeting of the Council of the Royal College of Surgeons of England, on the 5th inst., it was unanimously resolved that the following address should be forwarded to Sir Benjamin Brodie:—"The Council, in accepting the resignation of Sir Benjamin Collins Brodie, express their unfeigned regret at the loss of his services in maintaining at all times the dignity and efficiency of this College. At the same time, they desire to record their estimation of his high professional character, evinced by researches which have contributed to enlarge the boundaries of science, and enhanced by offering, in the course of a long and successful career, an example of conduct calculated by its adoption to elevate the surgical profession in the respect and esteem of society. The Council fervently trust that Sir Benjamin Brodie may long enjoy the well-earned fruits of his unblemished reputation, and the priceless satisfaction of having conscientiously discharged his duties. Caesar H. Hawkins, President. Royal College of Surgeons of England, May 5th, 1862."—*British Med. Jour.*

THE NORTH EASTERN DISPENSARY.—This new institution is now organized and in very successful operation. It is situated at the corner of Lexington avenue and 51st street. Dr. Alexander Hadden is the house physician, and Dr. F. A. Thomas the visiting physician. The following are the attending physicians: Drs. Geo. F. Shady, E. H. Davis, Ellsworth Eliot, P. W. McDonnell, Seth Geer, H. M. Brush, Guido Furman, P. de Marmon, J. R. McGregor, Charles W. Packard, J. H. Hinton, J. L. Little. The dispensary is open daily from 9 A.M. to 4 P.M., and is destined to furnish medicine and advice to that portion of the city comprised between 6th Avenue, East River, and north of 40th street, so far as the Board may from time to time direct.

MURDER BY A LUNATIC.—An inquest was held at Mullingar recently on the body of a lunatic named Cunningham, who was strangled by another inmate of the lunatic asylum. There were four in the same dormitory. The murderer, Sarrell, who had become very quiet, rose from his bed in the dead of the night, and, stealthily approaching his companion while asleep, killed him almost instantaneously, and was attempting to do the same with another inmate, when the keeper's attention was aroused. The latter then became the object of a fierce attack, and the infuriated maniac was overpowered and secured with great difficulty.—*Lancet.*

THE SEX OF EGGS.—M. Genin, in a communication lately addressed to the Académie des Sciences on the subject of the sex of eggs, states that after a careful study of the subject for three years, he is convinced that those which contain the germ of the male have wrinkles on their smaller ends, while those which are to bring forth females have smooth extremities.

MEDICAL DEPARTMENT OF THE UNIVERSITY OF THE PACIFIC.—The fourth commencement of this institution was held March 13th, 1862, and the degree of Doctor of Medicine was conferred on five candidates. The daily attendance on lectures is reported to be twice as large as ever before.

METEOROLOGY AND NECROLOGY OF THE WEEK IN THE CITY AND COUNTY OF NEW YORK.

Abstract of the Official Report.

From the 19th to the 26th day of May, 1862.

Deaths.—Men, 87; women, 99; boys, 116; girls, 102—total, 404. Adults, 186; children, 218; males, 263; females, 201; colored, 10. Infants under two years of age, 145. Children reported of native parents, 28; foreign, 160.

Among the causes of death we notice:—Apoplexy, 7; infantile convulsions, 29; croup, 15; diphtheria, 4; scarlet fever, 21; typhus and typhoid fevers, 10; consumption, 68; small-pox, 7; dropsy of head, 9; infantile-morastus, 19; diarrhoea and dysentery, 7; inflammation of brain, 13; of bowels, 9; of lungs, 26; bronchitis, 9; congestion of brain, 12; of lungs, 5; erysipelas, 6; whooping cough, 5; measles, 1. 282 deaths occurred from acute diseases, and 97 from violent causes. 279 were native, and 126 foreign; of whom 76 came from Ireland; 91 died in the City Charities; of whom 14 were in the Bellevue Hospital.

Abstract of the Atmospheric Record of the Eastern Dispensary, kept in the Market Building, No. 57 Essex street, New York.

May, 1862	Barometer.		Temperature.			Difference of dry and wet bulb, Thrm.		Wind.	Mean amount of cloud.	Humidity Sat'n, 1000
	Mean height.	Daily range.	Mean	Min.	Max.	Mean	Max.			
	In.	In.	"	"	"	"	"			
18th.	29.80	.24	70	62	78	8	11	NE to SE.	4	600
19th.	29.70	.20	66	54	80	7	11	N.E. to N.W.	6	620
20th.	29.94	.10	60	50	70	7	11	N.W. to S.	3	600
21st.	29.97	.07	58	62	54	4	5	N.E. to S.E.	10	810
22d.	30.00	.04	70	62	81	8	13	S.W.	3	600
23d.	30.00	.04	72	60	83	9	11	S.W. to N.W.	2	590
24th.	30.10	.10	59	46	70	8	10	N. to S.	2	583

REMARKS.—18th, Cloudy, P.M., with fresh wind. 19th, Variable day, with fresh wind, P.M.; very light rain at ten A.M. 20th, Fresh wind A.M., cloudy P.M. 21st, Light rain early A.M. and P.M.; fog at sunset; lightning late P.M. 22d, Thunder, lightning, and rain at 3 A.M.; sultry day; clear, with fresh wind, evening. 23d, Sultry; tempest with rain at 4 P.M.; much more rain fell north and south of 7th Ward, than at the place of these observations; evening, clear and pleasant. 24th, Day mostly clear; wind fresh, P.M.

MEDICAL DIARY OF THE WEEK.

Monday, June 2.	{ NEW YORK HOSPITAL, Dr. Halsted, half-past 1 P.M. BELLEVUE HOSPITAL, Dr. Thomas, half-past 1 P.M. EYE INFIRMARY, 12 M.
Tuesday, June 3.	{ BELLEVUE HOSPITAL, Dr. Loomis, half-past 1 P.M. OPHTHALMIC HOSPITAL, Drs. Stephenson and Garrish, 1 P.M. NEW YORK HOSPITAL, Dr. Markoe, half past 1 P.M.
Wednesday, June 4.	{ NEW YORK HOSPITAL, Dr. Cock, half-past 1 P.M. BELLEVUE HOSPITAL, Dr. Sayre, Is. Hos., half-past 1 P.M. Dr. Flint, Is. Hos., 5 P.M. EYE INFIRMARY, 12 M. NEW YORK ACADEMY OF MEDICINE, 5 P.M.
Thursday, June 5.	{ NEW YORK HOSPITAL, Dr. Halsted, half-past 1 P.M. BELLEVUE HOSPITAL, Dr. Barker, half-past 1 P.M. OPHTHALMIC HOSPITAL, Drs. Stephenson and Garrish, 1 P.M.
Friday, June 6.	{ EYE INFIRMARY, 12 M. BELLEVUE HOSPITAL, Dr. McCready, half-past 1 P.M. NEW YORK HOSPITAL, Dr. Markoe, half-past 1 P.M.
Saturday, June 7.	{ NEW YORK HOSPITAL, Dr. Cock, half-past 1 P.M. BELLEVUE HOSPITAL, Dr. Wood's Clinic, 1 P.M. OPHTHALMIC HOSPITAL, Drs. Stephenson and Garrish, 1 P.M.

SPECIAL NOTICES.

NEW YORK SANITARY ASSOCIATION.—A Stated Monthly Meeting of this Association will be held at 8 P.M., Thursday, June 5th, at Room No. 19, Cooper Institute. DR. LASSING will present, preliminary to the resuming of the discussion of the subject which was laid over at the last meeting, "A description of a Plan for the Control and Suppression of Venereal Disease." Friends of members are respectfully invited to attend.

NEW YORK COUNTY MEDICAL SOCIETY.—The Stated Monthly Meeting of this Society will be held at the College of Physicians and Surgeons, cor. Fourth Avenue, and Twenty-third street, on Monday next, June 2d, at 8 o'clock P.M. Scientific communications and discussions expected. The profession are respectfully invited to attend.

NEW YORK ACADEMY OF MEDICINE.—DR. A. CLARK will continue his remarks on "Albuminuria" on Wednesday Evening, June 4th.

SURGEON-GENERAL'S OFFICE,
WASHINGTON, May 10, 1862.

An Army Medical Board will assemble

in Washington, D. C., on the 1st of June next, for the examination of applicants for admission into the Medical Corps of the Army. In addition to the ordinary requirements of moral character, medical and surgical knowledge, good academic education, and sound physical condition, the applicants must be familiar with the principles of hygiene and the conditions necessary to the health of the troops in hospitals, camps, and transports.

Applications must be addressed to the Secretary of War, through the Surgeon-General; must state the residence of the applicant, and the date and place of his birth. They must also be accompanied (references will receive no attention) by respectable testimonials of his possessing the moral and physical qualifications requisite for filling creditably the responsible station, and for performing ably the arduous and active duties of an officer of the Medical Staff.

Applicants must be between twenty-one and twenty-eight years of age. No allowance is made for the expenses of persons undergoing these examinations, as they are indispensable prerequisites to appointment; but those who are approved and receive appointments will be entitled to transportation on obeying their first order.

There are now, and soon will occur, several vacancies in the Medical Staff.

DR. ELISHA HARRIS

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" " 5—6 P.M.

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References.—C. L. Mitchell, M.D., T. L. Mason, M.D., Prof. E. N. Chapman, M.D. of Brooklyn; Prof. Austin Flint, M.D., Prof. B. F. Barker M.D., of New York.

To Physicians.—For Sale: a large

county and village practice with a half interest in a drug house, in Greene, Chenango Co., N. Y. For particulars inquire of M. M. Wood, Greene, Chenango Co., N. Y.

THE FIRST NUMBER OF THE

American Journal of Ophthalmology

JULIUS HOMBERGER, M.D., EDITOR.

WILL BE OUT IN THE COURSE OF THIS MONTH.

CONTENTS.

On Diphtheritis of the Conjunctiva. By Dr. Graefe.

On Strabismus Concomitans. By the Editor.

The Universal Society of Ophthalmology.

Journalistic Reports.

Paris Correspondence, etc., etc.

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